

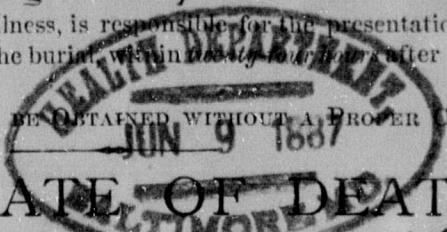
The Special Attention of Physicians is Requested.

## Board of Health, City of Baltimore,

Permit No. A 271 Office of Registrar of Vital Statistics. Ward 15<sup>4</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 9 1887Full Name of Deceased, Lawrence Blake { Write legibly and spell correctly. If an infant not named, give names of parents. }Sex, Male or Female, Male { Cross out the word not required in this line. }Age, 7 Years, — Months, — Days,Color, WhiteMarried, Single, Widow or Widower, Single { Cross out the word not required in this line. }Occupation, NoneBirthplace, New Jersey { State or country, and now long in the United States, if of foreign birth. }Duration of Residence in the City of Baltimore, 14 DaysPlace of Death, On Board Schooner Greenland { Give street and Number. }Cause of Death, Neuritis Prostomatitidis { First, (Primary). } 12 Days { Second, (Immediate). }Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Deep Creek CemeteryDate of Burial, June 18{ Undertaker, Anthony & Den }{ Place of Business, 118 1/2 Light St }

Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

## Health Department, City of Baltimore.

Permit No.

272

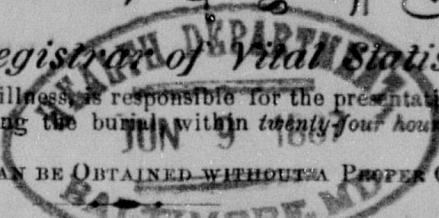
Office of Registrar of Vital Statistics.

Ward

14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

## CERTIFICATE OF DEATH.

Date of Death,

June 14 1887 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Lilly William

Sex, Male or Female, { Cross out the word not required in this line.

Female.

Age, 2 Years, 2 Months, — Days

Color,

Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number.

No 1030 Belton Court

Cause of Death, { First (Primary),

Tuberculosis

Second (Immediate), Scrofulous inflam Knee joint

Duration of Last Sickness, Obvious — exhaustion 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

A. H. Sartor

Date of Burial, June 10 1887

M. D.

{ Undertaker, M. A. Brown

Dr Clarke Medical Attendant.

{ Place of Business, 548 Sarah Street

Baltimore City

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully invited to the Remarks on the following page.

# Health Department, City of Baltimore.

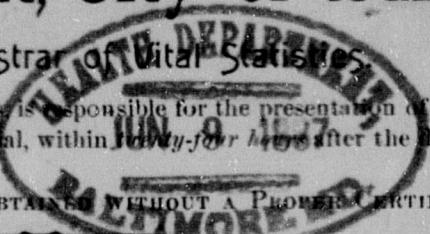
Permit No. A 273.

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within Twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 8<sup>th</sup> 1887

Full Name of Deceased, Bertha Stern { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, 4 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. Single

Occupation,

Birth Place, { State or country, and how long in the United States, { if of foreign birth.

Baltimore County

3 years

Duration of Residence in the City of Baltimore,

5 1/2 years

Place of Death, { Give Street and Number.

532 N. Mount

Cause of Death, { First (Primary), { Second (Immediate).

Phroking Cough

Distemper

Duration of Last Sickness, About 10 days -

All the above information should be furnished by the Physician.

Place of Burial, Abel Shalom Cemetery

Date of Burial, June 9 W. R. Duckett

M. D.

Undertaker, Jacob Stern

Medical Attendant.

Place of Business, 626 W. Baltimore Street

Address, 140 W. Pinckney St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

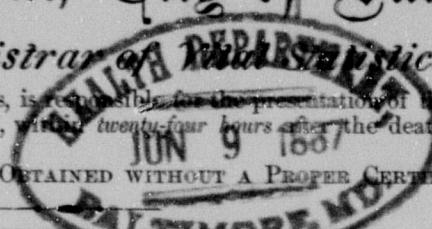
Permit No. A 274

Office of Registrar of Vital Statistics.

Ward 8 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

June 8<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Henry & Margaret Schultz (Parents)

Sex, Male or Female, { Cross out the word not required in this line.

Age, Years, Months, 4 Hours

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Life

Duration of Residence in the City of Baltimore,

No 1026 N Front st

Place of Death, { Give Street and Number.

Premature birth

Cause of Death, { First (Primary),

Exhaustion

Second (Immediate),

since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, June 9<sup>th</sup> 1887

Undertaker, Armstrong & Denny

M. D.

Place of Business, Light & Market

Address, Congress & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Henry M. McRee, Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

**Health Department, City of Baltimore.**

Permit No. A 275 Office of Registrar of Vital Statistics. Ward 7"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

*Date of Death, June 8th 1881*

**Full Name of Deceased,** *Ann Rebecca Booth* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

**Sex, Male or Female,** *Female* {Cross out the word not required in this line.}

**Age,** *Years, 6 Months, 8 Days*

**Color,** *Yellow*

**Married, Single, Widow or Widower,** *Single* {Cross out the words not required in this line.}

**Occupation,** *House*

**Birth Place,** *Baltimore MD* {State or country, and how long in the United States, if of foreign birth.}

**Duration of Residence in the City of Baltimore,** *Drug life*

**Place of Death,** *816 M. Oregon* {Give Street and Number.}

**Cause of Death,** *Putresc. in Esophagi* {First (Primary), Second (Immediate),}

**Duration of Last Sickness,** *Three weeks*

All the above information should be furnished by the Physician.

**Place of Burial,** *Laurel Cemetery*

**Date of Burial,** *June 8, 1881*

**Undertaker,** *John E. Grace*

**Place of Business,** *313. Caroline St*

**Address,** *1220 E. Fayette St*

**Mr. Winslow** *M. D.*  
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 276

Office of Registrar of Vital Statistics.

Ward 5 <sup>a</sup>/<sub>9</sub>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah S. Johnson,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years,

8 Months,

Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore.

Duration of Residence in the City of Baltimore,

6 years & 8 months

Place of Death, { Give Street and Number. }

\* H B I Short Street.

Cause of Death, { First (Primary),  
Second (Immediate), }

Phthisis Pulmonalis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Albion Cemetery

Date of Burial, June 9 1887

{ Undertaker, William D. Berger

{ Place of Business, 150 East St

Sam'l Bowles M. D. Medical Attendant

Address, 429 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following:

# Health Department, City of Baltimore.

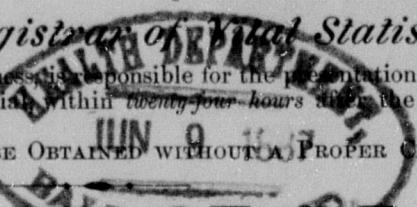
Permit No. **A 277**

Office of Registrar of Vital Statistics.

Ward **10**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, **June 8 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

**Hattie E. Headson**

Sex, Male or Female, { Cross out the word not required in this line. }

**Female**

Age, **32**

Years,

Months,

Days.

Color, **white**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

**Married**

Occupation, **Housekeeper**

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

**Rent (6) Md.**

Duration of Residence in the City of Baltimore, **25 years**

Place of Death, { Give Street and Number. } **309 Mulberry St**

**Natural**

Cause of Death, { First (Primary),

**Britonitis**

Second (Immediate),

Duration of Last Sickness, **12 days**

All the above information should be furnished by the Physician.

Place of Burial, **Western**

Date of Burial, **June 10<sup>th</sup> 1887**

Undertaker, **M. Cadogan**

**J. R. Wiley**

**M. D.**

Medical Attendant.

Place of Business, **207 Mulberry St**

Address, **405 W. Lombard St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to list of Diseases on back of this Card.

# Health Department, City of Baltimore.

Permit No. A 218

Office of Registrar of Vital Statistics.

Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

(B)

## CERTIFICATE OF DEATH.

Date of Death,

June 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frank Stazitski

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years,

4 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

\* 837 S. Bond St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, St. John's Cemetery

Date of Burial, July 9

Undertaker, J. W. Dippes

Place of Business, 181 S. Bond St

Address, 1709 Alice Avenue

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

# Health Department, City of Baltimore.

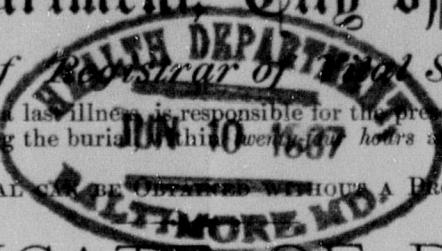
Permit No. A 279

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in his illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial of this deceased, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



C

## CERTIFICATE OF DEATH.

Date of Death,

June 8th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Heisly

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

5 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

1913 Alice Anna

Cause of Death, { First (Primary),  
Second (Immediate), }

Erysipelas of right arm  
infected blood

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, June 10th 1887

John H. Rehberger M. D.

Medical Attendant.

Undertaker, Wm. Oliolaus

Place of Business, 1715 Alice Ann.

Address, 1709 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

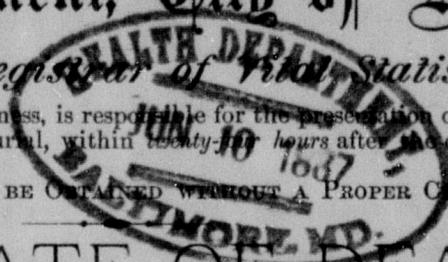
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 280** Office of Registrar of Vital Statistics. Ward **14<sup>4</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



**B**

## CERTIFICATE OF DEATH.

Date of Death,

*June 9<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Anastasia Egan*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **1** Years, Months, **3** Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

*Baltimore*

Birth Place, { State or country, and how long in the United States, } { if of foreign birth. }

Duration of Residence in the City of Baltimore,

*Life*

Place of Death, { Give Street and Number. }

*202 St Strader*

Cause of Death, { First (Primary), } { Second (Immediate), }

*Tubercular meningitis*

Duration of Last Sickness,

*Three (3) days*

All the above information should be furnished by the Physician.

Place of Burial, *# Peters Cemetery*

Date of Burial, *June 9*

Undertaker, *J B Cook*

Place of Business, *1007 W Baltimore*

*Mc's Holiday*

**M. D.**

Medical Attendant.

*Carroll Ball Co.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]